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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10631	
Facility Name:	Kindred Hospital - Sacramento	
Address:	223 Fargo Way	
City:	Folsom	
Hospital Owner/Lice	ensee: THC-Orange County, Inc	
Year of Rep	porting: 2010	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	ldress::	
Name of Sub	omitter: Bill Alexander	
Submission	n Date: 2/10/2011 6:09:00 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building - Building I	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2010
02	West Patient Wing - Building II	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2010
03	North Emergency Addn - Building III	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2010
04	Boiler - Building IV	223 Fargo Way	Replace	SPC5	01/01/2013	10/20/2010
05	Med Air/Housekeeping - Building V	223 Fargo Way	Replace	SPC5	01/01/2013	10/20/2010
06	Clean/Dirty Linen - Building VI	223 Fargo Way	Replace	SPC5	01/01/2013	10/20/2010
07	Storage #1 - Building VII	223 Fargo Way	Replace	SPC5	01/01/2013	10/20/2010

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Original Building - Building I	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507	0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No
Building No: 02	West Patient Wing - Building II	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507	0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No
Building No: 03	North Emergency Addn - Building III	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Facility Project Sub Number Number Num	North Emergency Addn - Building III Scope	
Facility Project Sub		Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num 10631 HS972507	Scope 0 ACUTE CARE HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA no Date Date Date Review 10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No Retrofit/Replacement Yes-Submitted

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Building No: 05 Med Air/Housekeeping - Building V	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 10/20/2010 OPEN No
Building No: 06 Clean/Dirty Linen - Building VI	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 10/20/2010 OPEN No
Building No: 07 Storage #1 - Building VII	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 10/20/2010 OPEN No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number:)1 Build	ding Name: Original Building - Buildin	g I	
Type of Service Pro	ovided			
X Nursing	Inpatient Beds	19 Inpatient 7938 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 2029	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtun	Inpatient n Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	ı Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: West Patient Wing - Buildin	ng II	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	16 Inpatient 6686 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 16	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	2 2 2 3 1 1 2 3 1 1 1 2 3 1 1	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: North Emergency Addn - B	Building III	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Boiler - Building IV		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildir	ng Name: Med Air/Housekeeping - Bu	uilding V	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildir	ng Name: Clean/Dirty Linen - Building	g VI	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ng Name: Storage #1 - Building VII		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name:	Original Building - Building I		
Medical / Surgical (Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 19 Bed	Inpatient 7938 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 4 Bed	Inpatient 2029 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	23	23

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Building Number:	02	Building Name: We	est Patient Wing - Building II		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 16 Bed	Inpatient 6685 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	16	16

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Building Number:	03	Building Name: North	h Emergency Addn - Bui	lding III	
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04	Building Name: Boile	er - Building IV		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05	Building Name:	Med Air/Housekeeping - B	uilding V	
Medical / Surgical	(Include GYN)	Acute Respira	itory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number:	06	Building Name:	Clean/Dirty Linen - Building VI		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number: 07	Building Name:	Storage #1 - Building VII]
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitatio Center	n	Int. Care / developm Disabled	ent
Inpatient 0 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building - Building I	
02	West Patient Wing - Building II	
03	North Emergency Addn - Building III	$\overline{\sqcap}$
04	Boiler - Building IV	$\overline{\sqcap}$
05	Med Air/Housekeeping - Building V	
06	Clean/Dirty Linen - Building VI	П
07	Storage #1 - Building VII	\Box

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildir	ng Name: Original Building - E	Building I	
Type of Servic	e Provided			
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	Nursing	X Anesthesia		Panel Dialysis
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Newborn/	Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	WellBaby	
	-	X Pharmaceutical	Emergency	X Central Plant
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services
	Intermediate Care	X Administration		
	Skilled Nursing			

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Building Number:	02	Building Name:	West Patient Wing - I	Building II	
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		
	IntensiveCare	·		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging		0
			Pharmaceutical	Emergency	Central Plant
Ш	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine	Support Services
	Intermediate		_		
	Care		Administration		
	Skilled Nursin	g			

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Building Number:	03 Bu	ilding Name: North Emergency A	ddn - Building III					
Type of Service	Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
	Nursing	Anesthesia						
	IntensiveCare	_	Obstetrical Recovery	Renal Dialysis				
	Pediatric/Adol escent	Clinical Lab	Nowbern/	Outpatient Surgery				
		X Radiological/ Imaging	Newborn/ WellBaby	Surgery				
	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services				
	Intermediate Care	Administration						
	Skilled Nursing							

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Building Number:	04	Building Name:	Boiler - Building IV			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol escent		Clinical Lab	□ No Look		Outpatient Surgery
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical		_	Nuclear		Support
_	Ante/Postprtur		Dietetic	Medicine		Services
	Intermediate Care					
	Cale		Administration			
	Skilled Nursing	g				

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Building Number:	05	Building Name:	Med Air/Housekeeping	g - Building V		
Type of Service	Provided		1			
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	_		
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	□ Noutern/		Outpatient Surgery
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
П	Skilled Nursing		,			

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Building Number:	06	Building Name:	Clean/Dirty Linen - Bu	ilding VI			
Type of Service	e Provided	[Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Recovery Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
	Skilled Nursin	g					

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Building Number:	07	Building Name:	Storage #1 - Building VII			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	,	_	Obstetrical Recovery		Renal Dialysis
_	Pediatric/Adol	, [Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	- Emergency		0 / 151 /
	Ob atatrical		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		_			
	Saio		Administration			
	Skilled Nursin	g				

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Building Numb	er: 01	Building Na	me: Original Build	ding - Buildin։	g I		
Configuratior	n N/A						
Type of Ser	rvice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	_	Recovery	_	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration	Ш	Nuclear Medicine	X	Support Services

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Building Numbe	r: 02	Building Na	me: West Patient W	/ing - Buildiı	ng II		
Configuration .	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	Community in the second
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	er: 03	Building Na	me: North Emergenc	y Addn - E	Building III		
Configuration:							
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	04	Building Na	me: Boiler - Building	IV			
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	<u></u>	Line.goney		osarrian
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 05	Building Na	me: Med Air/Houseke	eeping - B	uilding V		
Configuration .	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Lineigency	Ш	Contrain fain
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	06	Building Na	me: Clean/Dirty Line	en - Buildin	g VI		
Configuration	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		_		0
	termediate		Dietetic		Emergency		Central Plant
	are				Nuclear Medicine	X	Support Services
Sk	xilled Nursing		Administration				

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Building Number	r: 07	Building Nar	me: Storage #1 - Build	ling VII			
Configuration :	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Central Flam
	Care		Administration		Nuclear Medicine	X	Support Services
	Skilled Nursing						

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